

FOR USE BY OCA

Business Name: _____

GOVERNOR' S OFFICE OF CONSUMER AFFAIRS**Health Spa Information Form**

Please complete the following information form and attach a copy of the contract to be used by your facility. Return the completed form and your contract to: Governor' s Office of Consumer Affairs, 2 Martin Luther King, Jr. Dr., Suite 356, Atlanta, Georgia 30334-4600.

1. Business name: _____

Address of facility: _____

Phone number: () _____

Have you engaged in, or do you intend to engage in, the pre-sale of memberships before the spa becomes fully operational and available for use? *(Please check one)* _____ Yes _____ No

2. Check and complete either a, b or c:

a) *Corporation:* _____

Name of corporation: _____

Tax identification number: _____

Registered agent: _____

Registered address: _____

Phone number: () _____ Fax number: () _____

E-mail address: _____

b) *Partnership:* _____

Name of partnership: _____

Tax identification number: _____

(List all partners, using a separate sheet if additional space is needed.)

Partner' s name _____ Partner' s name _____

Office address _____ Office address: _____

Office phone number: () _____ Office phone number: () _____

Fax number: () _____ Fax number: () _____

E-mail address: _____ E-mail address: _____

Alternate address: _____ Alternate address: _____

Alt. phone number: () _____ Alt. phone number: () _____

c) *Sole ownership:* _____ (If multiple owners, identify the required information for each owner.)

Name of owner: _____

Social Security number: _____

Office address: _____

Office phone number: () _____ Fax number: () _____

Home address: _____

Home phone number: () _____ E-mail address: _____

3. Name, address and telephone number of bank/ trust company where business account is housed:

4. Name of person completing this form: _____

5. Title of person completing this form: _____

Please read the following information, sign the statement below, have your signature notarized and return this form, along with the contract form you will be using, to the Governor's Office of Consumer Affairs.

I, _____ (printed name), hereby swear that the information provided herein is true, complete and accurate to the best of my knowledge and belief, and that I shall notify the Governor's Office of Consumer Affairs immediately in writing upon any changes in the information contained herein.

Signature: _____

Title: _____

Social Security number: _____

Date: _____

Sworn to and subscribed before me

this the _____ day of _____, _____.

Notary Public

My commission expires: